

CLAIMS ONLY							Application Number <div style="font-size: 1.5em; font-family: cursive;">10/714-199</div>	Filing Date	
							Applicant(s)		
* May be used for additional claims or amendments									
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT				
	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	Indep
1									
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50									
Total Indep	3								
Total Depend	17								
Total Claims	20								
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